

**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
1221 Oak Street, Suite 536			
Designated Agency Contact (Name, Title)			
Anna Gee, Operations Chief			
Area Code/Phone Number	E-mail		
510-891-5585	anna.gee@acgov.org		

2. Function, Event, or Ceremonial Role Information

Title Warriors vs Charlotte Face Value of Each Admission \$ 100.00

Description Basketball game Date(s) 12 / 21 / 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: Warriors
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

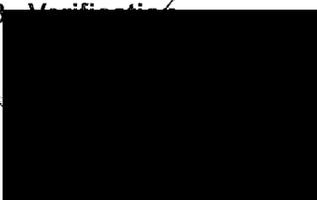
Yes No If yes: Nate Miley, Alameda County Supervisor, District 4
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Ramierz, Socorro	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and concession sales	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

3. Verification

I have verified that the distribution of admissions, set forth above, complies with FPPC Regulations 18944.1 and 18942.



Signature

Anna Gee _____
Print Name

Operations Chief _____
Title

12/20/12 _____
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)